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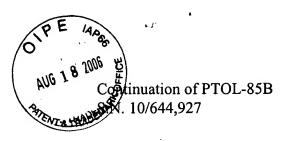
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Gail E. Poulos USDA, ARS, OTT 5601 Sunnyside Av	AUG 1 8 2006		Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.						
Beltsville, MD 20705		THE THE HELD HOW		Colle	Colleen Avancena			(Depositor's name)	
					(allen Avance			(Signature)	
						8-16-	06	(Date)	
APPLICATION NO. FILING DATE		FIRST NAMED INVENTO		IVENTOR		ATTORNEY D	OCKET NO.	CONFIRMATION NO.	
10/644,927	08/21/2003	Norman J. Ste		Stern	R8/21/2R	06 EHAILEE35.	MARKA141 5	92134 18644927	
TITLE OF INVENTION: BA	ACERIOCINS AND NOVE	TRAINS					42.01		
					01 FC:15 02 FC:15	91 149 04 30	0.00 DA 0.00 DA		
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE		TOTAL FEE	(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$1400		\$300		00	08/16/2006	
EXAMINER		ART UNIT		CLASS-SUBCLASS					
TONGUE,	1645		424-19010	424-190100					
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B				f an assion	ee is identified	below the d	ocument has been filed for	
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.									
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Washington, D.C. The United States of America, as									
Represented by the Secretary of Agriculture **PLEASE SEE CONTINUATION_OF PTOL=85B (Attached)									
-	-	_						oup entity XX Government	
4a. The following fee(s) are	b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-2134 (enclose an extra copy of this form).								
5. Change in Entity Status	(from status indicated above	;)				·		,	
a. Applicant claims Si	MALL ENTITY status. See	37 CFR 1.27.		is no longer clai					
The Director of the USPTO NOTE: The Issue Fee and Printerest as shown by the reco	is requested to apply the Issuablication Fee (if required) words of the United States Pate	ue Fee and Publica will not be accepted ent and Trademark	tion Fee (if any) of I from anyone oth Office.	or to re-apply an her than the appl	y previously icant; a regi	y paid issue fee stered attorney	to the applica or agent; or t	ation identified above. he assignee or other party in	
Authorized Signature		Da	ite	August 16	5, 2006				
Typed or printed name G. Byron Stover				Re	gistration N	Jo34 :	,737		
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT

(A) NAME OF ASSIGNEE:

State Research Center for Applied Microbiology, Ministry of Health and Social Development, RF, as Represented by the Director for the State Research Center for Applied Microbiology, Ministry of Health and Social Development, RF

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

Obolensk, Russian Federation

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S.N. S.N. 10/644,927 Issue Fee Transmittal Continuation of PTOL-85B

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*	(Date)	*
*_	N. Stern et al.	*
*	(Name of applicant, assignee, or Registered Representative)	*
*		*
*	Colleen Hyaneena 8-16-06	*
*	(Signature) (Date)	*
* :		۲*